THE COLLEGE OF NEW JERSEY DEPARTMENT OF NURSING

POLICY AND PROCEDURE MANUAL FOR THE CLINICAL SKILLS AND SIMULATION LABORATORIES

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PLEASE EMAIL REQUESTS FOR INFORMATION TO SIMULATION STAFF

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Mission Statement for the Department of Nursing:

The mission of the Department of Nursing is congruent with the mission of The College of New Jersey in promoting excellence, valuing diversity and providing a service to society from within a diverse community of learners. The mission of the Department of Nursing is to serve the people of New Jersey and the nation by preparing professional nurses at the baccalaureate and masters levels and by ensuring that all graduates are prepared to be successful, ethical and visionary leaders in a multicultural, technological and increasingly global world. The Department of Nursing will accomplish its mission by emphasizing caring, critical thinking, independent judgment, clinical and ethical decision-making and autonomous behaviors.

Mission of the School of Nursing Clinical Skills and Simulation Center

To provide the most realistic practical learning experiences in a safe environment that is based on nursing knowledge, patient safety, evidenced –based practice and professionalism.

To prepare professional (both undergraduate and graduate) nurses who:

Provide Patient-centered Care Work in Interdisciplinary Teams Understand and provide safe care Employ Evidenced-Based Practice Apply Quality Improvement Use Information Technology Emphasize caring

Are enabled to think critically

Can use independent judgment

Showcase autonomous behaviors

Have enhanced clinical and ethical decision-making skills

Simulation Standards

The College of New Jersey Simulation Center (TCNJ-SIM) endeavors to follow the standards of best practice as established by the International Association of Clinical Simulation in Nursing (INACSL) (Kardong-Edgren, 2013, updated 2015). These standards address terminology, the professional integrity of participant(s), participant objectives, facilitation, facilitator, the debriefing process, and participant assessment and evaluation.

Certification for TCNJ-SIM Staff and Faculty

The TCNJ-SIM supports the attainment of certification through the Society for Simulation in Healthcare (SSIH). These certifications include the Certified Healthcare Simulation Educator (CHSE), Certified Healthcare Simulation Educator-Advanced (CHSE-A), and Certified Healthcare Simulation Operations Specialist (CHSOS) (Society for Simulation in Healthcare, 2014b).

Accreditation

The TCNJ-SIM supports the accreditation standards provided by the Society for Simulation in Healthcare(SSIH). The seven core standards include 1) Mission & Governance, 2) Organization & Management, 3) Facilities, Application & Technology, 4) Evaluation & Improvement, 5) Integrity, 6) Security, and 7) Expanding the Field (Society for Simulation in Healthcare, 2014a).



TRENTON HALL

GLADYS WORD NURSING SIMULATION LABORATORY AND CLINICAL SKILLS RESOURCE AREAS

FORCINA HALL

SIMULATION CENTER

GENERAL LABORATORY INFORMATION

PHYSICAL DESCRIPTION:

Trenton Hall Basement houses two of the current three skill/simulation areas for the Department of Nursing.

Trenton Hall 019 has a lecture area with a smart classroom for 40 students. The rear of the room is setup to reflect either a clinic or emergency room with examination tables, examination lights and examination stools with curtains around each of the examination areas. Closets and cabinets house supplies.

Trenton Hall 009 or The Gladys Word Nursing Simulation Laboratory has the front of the room set up for primarily debriefing purposes although skills classes can be taught in this area as there is a smart classroom set-up. The back area of the room has hospital beds and various high fidelity mannequins, medium fidelity mannequins and task trainers. There is compressed air available on one side of the room to simulate oxygen and medical air as well as suction. Closets and cabinets house supplies.

Forcina 111, Nursing Simulation Laboratory, has 4 beds and two examination rooms. There are sinks at all patient care areas. There is also one debriefing room with a camera. This area has full AV equipment and all areas can have sessions recorded. Telephones are included into the AV recordings. High fidelity mannequins as well as standardized patients can be used in this center. There are two examination rooms with outside entrances. Closets and cabinets house supplies. A code cart, isolation cart, medication administration system cart and maternity suite equipment is available at this site as well as in Trenton Hall. There is a control room for the AV equipment. An additional classroom area in Forcina 103 can be used for nursing skills demonstration, extra debriefing area, fish-bowl style simulation and a staging area for simulation preparation.







Simulation Description

Simulation is a "strategy – not a technology – to mirror, anticipate, or amplify real situations with guided experiences in a fully interactive way." Simulation allows students to participate in a variety of scenarios to help them practice in a life-like, hands-on situation. During simulation, many times a simulator is used and this simulator "replicates a task environment with sufficient realism to serve a desired purpose." *Definition obtained via <u>http://www.ahrq.gov/</u>*

The simulation environment whether using a high fidelity mannequin or a standardized patient must be an environment of safety for the students and faculty alike where confidentiality is maintained.

Advantages include:

- Realistic client situations can be reproduced
- No threat to client safety and ethical concerns are minimized
- Active learning occurs
- Specific and unique client situations can be created
- Errors can be corrected and discussed immediately
- Consistent and comparable experience can occur for all students
- Maximal amount of learning time
- Experimentation and creativity are allowed
- Self-evaluation is promoted
- Feedback can be elicited
- Decision making can be promoted effectively

Simulation Scenarios and skills laboratory sessions

During Scenario sessions and laboratory sessions the student is expected to:

- Wash hands
- Introduce self to client if applicable
- Use standard client identification procedures if applicable
- Use standard precautions before, during, and after simulation experiences and laboratory experiences
- Demonstrate initial primary assessment and data collection skills (ABC's)
- Effectively communicate with client, families, peers, and other members
- Use the five rights of medication safely

Pre-briefing

All participants in the skills/simulation laboratory should receive a thorough orientation to not only the environment and the mannequins, but also to the expectations. For most simulations, there will be work required prior to entering the simulation environment that will prepare the student to actively participate in the learning roles.

Debriefing Description

Debriefing provides immediate feedback and is a reflective critical thinking analysis and communication tool for participants of the simulation exercise. The purpose of the debriefing assessment is to provide an intensive post conference and active evaluative process driven by peers and instructors. Students participate in a reflective analysis of how they performed and answer critical thinking questions. Some recommended styles of debriefing are as follows: Structured Debriefing, Debriefing for Meaningful Learning, Debriefing with Good Judgment, DASH (Debriefing Assessment for Simulation in Healthcare).

Inventory and Supplies

It is the policy of The College of New Jersey SIM to maintain and update center facilities and equipment by inventory of usage. The center staff will replenish equipment and supplies as necessary to meet the needs of the users. The simulation center staff orders software, equipment, medical supplies, etc.; monitors equipment, and troubleshoots and resolves technical issues. When supplies are running low, the faculty members should notify simulation center staff to allow for restocking or ordering. Any damaged, malfunctioning, or missing equipment / furniture / supplies found must be communicated to the clinical simulation center's staff via email.

RESPONSIBILITIES AND ACCOUNTABILITY

Simulation Center Staff Responsibilities

The duties of the TCNJ SIM staff include but are not limited to the following:

- Collaborate with the course faculty to determine the student needs and correlate those needs with course objectives to develop appropriate and effective healthcare simulation equipment set-ups and simulation sessions
- Provide support for lab students and faculty to improve competencies and skills in meeting course objectives
- Maintain and update facilities and equipment inventory
- Promote the use of the center
- Schedule room usage and equipment/supplies needed
- Assist the faculty in developing scenarios/simulations that support their curricular goals and objectives while maintaining the quality, safety and educational standards of the laboratory as well as staying within scheduling, personnel and budgetary limitations.
- Provide set up of equipment and supplies based on requests given in timely manner
- Set-up practice times as needed
- Provide tours and information regarding the laboratory as time permits or when scheduled

Faculty Responsibilities

The duties of the Faculty include but are not limited to the following:

- Faculty is responsible for reserving laboratory time, equipment and supplies four weeks prior to anticipated utilization date
- Faculty members should leave labs and debriefing room clean and in order prior to departing
- Beds are to be remade or linens replaced if soiled
- Faculty will not leave students unattended in either the laboratory or debriefing area, unless otherwise prearranged
- Faculty will wear appropriate attire and demonstrate professionalism at all times
- Faculty should provide ongoing input and feedback to simulation center staff for continuous quality improvement and quality assurance
- Faculty will assume the responsibility for their orientation to the simulation center before their first time in the laboratory and will review the Policies and Procedures Manual
- Faculty will arrive 30 minutes prior to their scheduled laboratory time if at all possible.
- Faculty will need to include a simulation educator/facilitator as part of simulation debriefing in order to ensure psychological safety of the learner with the ability to refer to Counselling and Psychological Services on campus as needed based on emotional distress reaction to simulation.

Student Responsibilities

- A brief orientation to the TCNJ-SIM will be presented to students during Nursing 230.
- A copy of the Simulation Lab Policies and Procedures will be available online.
- The confidentiality statement will be signed in Nursing 230 and kept on file—this will include the videotaping of the scenarios and debriefing sessions Appendix p 23
- Dress Code
 - Students performing clinical skills are expected to wear clinical attire while in TCNJ-SIM. Full nursing uniforms may be required for selected scenarios—consult the faculty in charge.
 - Otherwise the lab coat with name tag is required.
- Students are expected to arrive on time for simulation and scheduled skill classes. If a student is late or absent without notification to the faculty member, the make-up or penalty will be determined by the faculty member. Notification of absence or lateness is a major part of professional accountability and should be directed to the faculty in charge of the lab event or simulation.
- "What happens in the lab stays in the lab"
- Notify the sim staff if you have a Latex allergy and fill out the appropriate form
- Notify the sim staff or your faculty member if you have had a needle stick injury in the lab and please fill out the proper paperwork Appendix pp. 25-26

Lab Conduct/Behavior –Students and Faculty

- Professional behavior, language, and attitude is expected at all times
- Absolutely NO eating, drinking, or gum chewing at bedside or near mannequins. Students who have medical reasons to eat or drink should discuss this with the simulation staff prior to using the lab. If there is eating in the classroom area of Trenton Hall 009 and 019 it SHOULD NOT be anywhere near the skills/simulation area. All trash should be placed in appropriate trash bins.
- Store all personal belongings (backpacks, etc.) on tables in the front of Trenton Hall 009/019 or on the shelves/hooks provided in Forcina 111 or 103.
- NO pens allowed; write only in pencil—pens leave permanent marks on the mannequins
- Wear proper attire which includes the lab coat and name tag once this has been purchased. It is advised that footwear should be closed toe and not include flip flops or open toed shoes for safety reasons.
- Cell phone reception in the lab is poor and may drain your battery—please turn off your phone in the lab. No cell phone use is permitted during testing and should be turned off since ringing distracts students who are being tested. At no time will cellular phones and/or tablets be used to record video or photography without the consent from the simulation center.
- Equipment is not to be removed from the lab without permission
- Never remove an IV Catheter from a mannequin unless instructed to do so
- Never use Betadine or iodine on a mannequin
- Never give oral medications or liquid to a mannequin
- Use liquid soap or the mannequin lubricant in place of lubricants for any tube insertion on mannequins
- Discard used items in appropriate disposal areas. All sharps are to be placed in sharps container.
- Students are not to be alone in the lab—should always be with either a faculty member, staff member or senior nursing lab assistant

- Students are responsible for leaving labs clean and as you found it prior to departing—includes practice times
- No lab user shall infringe upon the privacy, rights, privileges, health, or safety of other labs users
- Do not sit on bed! When beds are to be used by students assuming the role of the patient shoes must be removed.
- Students may be dismissed from the lab area as a result of conduct that is unsafe, unethical, inappropriate or unprofessional
- Students may be dismissed from the lab area for being unprepared by either the faculty member or the TCNJ-SIM staff.

Confidentiality

All simulation scenario practice sessions involving students and/or recordings are considered confidential. All mannequin accessibility should be treated as real patient/client information using the following protocols: Nursing Program privacy policy and HIPAA. Students are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality. Students should report any violations to the faculty or instructors.

The TCNJ-SIM should be treated as a clinical site. You are expected to show professionalism and treat the "client" and situation as you would in a real clinical setting.

Class Cancellation

In the event of inclement weather, TCNJ may be closed. Please refer to TCNJ Student Handbook regarding emergency closures. Any make-up times will be arranged by the faculty and TCNJ-SIM staff.

Clean Up

- The faculty and their students are accountable for cleaning up after lab use.
- Please leave the lab the way in which it was found so that others may enjoy their lab experience. Leave the labs as a student would in clinical safe, neat and ready to use for the next person.
- Beds should be remade and left in the lowest position. Bed tables are to be placed near the foot of the bed with trash bin in place. Any basins, bedpans,

urinals are to be washed, dried and put away in bedside tables. Be sure to turn off the lights.

- Students are not to be left in the labs unattended.
- Faculty should ensure that all labs are tidy and locked behind them. If any equipment is broken or supplies need to be restocked, please inform the TCNJ-SIM staff via email.
- All sharps must be disposed of in a sharps container. If necessitated, task trainers and mannequins are to be cleaned with mild soap and water only. Rinse, drain and air dry. Injection pads should be squeezed to eliminate excess fluids.
- Mannequins in the Lab are kept in the bed. Do not move these mannequins unless it is part of the skill assignment (i.e. lifting, moving, etc.). When cleaning up after using the lab, please make sure that mannequins are returned to the bed, beds are made, and all supplies are replaced and put away.
- Please leave the beds in the lowest position.
- If for some reason the linens are soiled, please put them in the hamper

SAFETY

- Confidentiality—what happens in the lab stays in the lab—for both students and faculty
- The lab is a place to learn—during simulation mistakes may be made—it is safe to make those mistakes since some of the best learning occurs during debriefing as discussion occurs around the thought process that caused the mistake. Learning to own the mistake is a professional responsibility and best modelled in simulation.
- Medical emergencies should be handled by calling X2345 from a campus phone or 609-771-2345 from a cell phone—THE LAB IS NOT EQUIPPED TO HANDLE REAL EMERGENCIES. If you call 911 it will take longer but will also get a response.
- Non-medical emergencies should be addressed to your clinical faculty member including accidental needle sticks, latex allergy reactions etc.

PERSONNEL

COORDINATOR, SIMULATION AND CLINICAL LEARNING RESOURCE CENTER

- Works with all Faculty under the guidance of the Administration to meet the curricular needs of the Students.
- Leadership and coordination of clinical laboratory operations in support of the curriculum and the mission and philosophy of the School of Nursing. Formal and informal teaching is included in these responsibilities.
 - Establish and maintain a long-term plan for laboratory development including educational strategic goals, equipment replacement, potential revenue streams, and personnel.
 - Collaborate with faculty in the development and implementation of laboratory learning experiences to enhance course teaching/learning. This may include student self-learning modules with proficiency testing and other types of assignments.
 - Participate in School of Nursing activities including events, publications, and other opportunities that involve students, faculty, and alumni.
 - Classroom and clinical laboratory teaching as needed with posted office hours during the weeks that classes are in session.
 - Evaluate student clinical laboratory performance, including assist with remediation.
- Functions as resource for simulation expertise—providing knowledge of use of simulation, how to incorporate simulation into curriculum, how to design and write simulations based on curricular goals and objectives, and how to debrief using structured styles

SIMULATION FACILITATOR/LIAISON WITH STANDARDIZED PATIENTS Half time position

- Simulation Facilitator
 - Definition from the simulation standards I of Best Practice:- An Individual who provides guidance, support and structure during simulation learning experiences.
 - This staff member also functions as resource for simulation expertise providing knowledge of use of simulation, how to incorporate simulation into curriculum, how to design and write simulations based on curricular goals and objectives, and how to debrief using structured styles
 - This role requires professional training at simulation design workshop/conferences such as:

• The Real Nuts and Bolts of Simulation Drexel Conference 2010, The California Simulation Alliance and Laerdal Simulation User Network conferences

An example of a standard simulation reflection exercise:

- 1. How did you feel throughout the simulation experience?
- 2. Describe the objectives you were able to achieve?
- **3.** Which ones were you unable to achieve (if any)?

4. Did you have the knowledge and skills to meet objectives?

5. Were you satisfied with your ability to work through the simulation?

6. To Observer: Could the nurses have handled any aspects of the simulation differently?

7. If you were able to do this again, how could you have handled the situation differently?

8. What did the group do well?

9. What did the team feel was the primary nursing diagnosis?

10. What were the key assessments and interventions?

11. Is there anything else you would like to discuss?

The facilitator can provide mentorship for simulation assisting faculty in the incorporation of simulation into curricular goals in particular with the use of standardized patients.

• PRIMARY LIAISON WITH STANDARDIZED PATIENT PROGRAM

- Standardized patients (SPs)are trained actors who simulate clinical scenarios which facilitate critical thinking, physical assessment and procedural skills. These scenarios are designed by the simulation facilitator in collaboration with faculty in both the undergraduate and graduate programs to meet course objectives that require skills in communication, assessment, and clinical competence. These scenarios when videotaped can be shared with faculty and students as part of the debrief session which enhance student learning and skill acquisition.
- SPs roles and scripting are incorporated as part of the program development program. They are individuals specifically trained to reliably reproduce the experiences of patients, family members and health care professionals.
- TCNJ-SIM recruits SPs for specific programs and maintains a database of eligible individuals with characteristics important to link specific SPs to program requests

• TCNJ-SIM provides SP training to consistently and reproducibly portray a real encounter. The Facilitator and faculty collaborate on SP development with regard to specific scripting and training.

STANDARDIZED PATIENT FEEDBACK

if you would like SP to provide feedback to the student on specific items this must be stated within the scenario. Many of the SPs receive formal training in providing feedback. In order for the feedback to be valuable constructive learning experience for the student the following guidelines are stated as follows:

Will you need an accompanying family member; wife, child particular ethnic backgrounds

If required state the exact response standardized patients should respond with

For open-ended questions such as "what can you tell me about that?" include responses for the SPs

If you want the SPs to prompt the student, the time and suggested wording must be indicated

Include any questions that the SP MUST ask and MAY ask

Write from the standardized patient's point of view and in laypersons terms:

such as "I just can't cope with this now" vs patients is in distress

Remember to include information on the patient's alcohol, smoking, recreational and prescription drug use if this is relevant and provide details such as:

"I smoke 1-2 packs per day" or "drink 3 beers every night."

Indicate the props, costumes and or makeup required by the SP

Submit the request for the scenario following the guidelines above AT LEAST 4 WEEKS prior to your scheduled session This will allow ample time to cast the standardized patient and go through a 'dry run' that MUST be scheduled A MINIMUM OF ONE WEEK before the event.

DRY RUN is a rehearsal where you will have the opportunity to meet with the SP assigned to your scenario. It will take place when both the SP and the

Instructor are available prior to the event and also run in the exam room or area scheduled for the simulation. This way arrangement of equipment, SP physical behaviors and their location in the room will be determined. Scenario script and details will be acted out by the SP so that any questions can be addressed. The scenario will run within its allotted time frame and the goal is for SP behaviors to be consistent so as to maintain fairness for all students in meeting the course objectives. Changes to any scenarios will be handled following the dry run to avoid any other revisions on the day of the event

HEALTHCARE SIMULATION OPERATIONS SPECIALIST

- Works with Faculty and staff to manage all activities related to clinical simulation learning experience which include but are not limited to:
 - **o** Scheduling and oversight of simulation events
 - **o** Organizing simulation experiences
- Knowledgeable in how to do the computer simulation software programming of all mannequins
 - Develops and maintains a schedule of equipment maintenance for simulator, audio and video recording and any other equipment used in the simulation environment
 - Arranges for repair and replacement of simulators and equipment and discusses need for replacement as part of long term strategy planning
 - Participates in orientation to the simulation area and equipment for faculty, students and others
- Maintains a database to track inventory of simulation scenarios which includes required set-up, equipment, costs.
- Operates the audio-visual equipment to record and playback scenarios for debriefing, documentation, and research purpose. This may include video editing capabilities.
 - Arranges for repairs/replacement of damaged equipment and maintain contact with vendors
 - **o** Maintains simulation video capture system inventory
 - Liaison with vendors to resolve any problems and learn about new products and services.
- Identifies needs for new and/or replacement simulation equipment and laboratory equipment, making recommendations as to replacement
- Meets with Vendors, and helps prepare budget requests.
- Provides support for day to day operation, monitoring and problem resolution--may need to resolve complex issues by consulting with outside resources—includes scheduling issues

• Sets up simulation and clinical laboratory skills supplies based on faculty requests includes parameters for mannequins and moulage where applicable

SENIOR NURSING STUDENT LABORATORY ASSISTANT

- Assists students by reviewing appropriate videos and texts so that they will be able to demonstrate skills and monitor students' performances in the laboratory, especially during practice hours.
- Responsible for maintaining the record of the students using the lab during practice and also ensuring that the lab is organized, cleaned and restocked with supplies as needed.
- Helps to prepare all equipment and supplies for the scheduled scenarios and modules/classes as requested
- Responsible for the use of all the various mannequins in the laboratory during their working hours—must be able to understand technically and also who to call with any issues
- Assists with Open Houses and other tours as needed
- Responsible for closing the lab at the end of practice hours and any other duties as requested by the Coordinator, Simulation and Clinical Learning Resource Center.

OVERANCE

- Simulation Committee will be formed with Coordinator, Simulation and Clinical Learning Resource Center as Chair. The Committee will also include the simulation facilitator the operations specialist as well as at least two faculty members, one from undergraduate and one from the graduate program as well as two students, one from the graduate and one from the undergraduate program.
- The Simulation Committee will work closely with the Graduate and Undergraduate Curriculum committees.
- Recommendations for major equipment purchases and or supplies needs will be made to the committee with final approval by the Dean within the budgetary constants. Daily supply and equipment repairs will be handled by the operations specialist in consultation with the coordinator.

EQUIPMENT ACQUISITION PROCESS

- Based on requests, needs and available funds
- Usage potential must be justified
- Purchase priority reviewed by simulation committee
- Final review by Dean

STORAGE AND MAINTENANCE

- Equipment/mannequins will be scheduled for service based on warranty requirements and usage attempting to take in to consideration vacation times and limited requirements of the equipment
- History of the maintenance will be kept by Operations Specialist
- Inventory of all supplies will be kept
- Storage of mannequins currently is in the beds—consideration in the future will require shelving
- List of supplies and location is available through either operations specialist or coordinator

QUALITY IMPROVEMENT

- Evaluation of particular courses often reflects simulation
- Usually 330/334 and 420/424 have specific survey regarding simulation
- Data is kept in regard to number of students using laboratory
- Supply evaluation
 - Request for any changes or new supply should be emailed to operations specialistwith exact item and the reason for change or need, when needed by, and for which class including quantity.
 - o Inventory is kept to determine usage and as well as under usage

SUPPLY REQUEST PROCESS FOR SKILLS OR SIMULATION

- 4 WEEKS IN ADVANCE OF EVENT—MINIMUM
- Use form
- List class and number of students involved
- List exact supplies needed—do not assume remembrance from prior year by lab staff
- List any particular needs
- Discuss which mannequins—moulage
- Discuss number of times to be repeated
- Need for debriefing room
- Need for space for pre-briefing



LATEX RESPONSE PLAN

When working in the clinical setting or nursing skills labs, students may be exposed to latex and other allergens.

Procedure:

For students with known sensitivity/allergy to latex or any other environmental/chemical agents that you may be exposed to in the lab or clinical environment, it is recommended that you:

- Obtain consultation from your health care provider about your sensitivity/allergy, risks and treatment.
- Inform the Skills Lab Coordinator, course faculty, and your clinical instructor of your sensitivity.
- Latex-free gloves will be provided. However, the lab environment and clinical settings are not latex free.
- Provide a written plan, signed by your healthcare provider, detailing how to you handle your reaction, i.e. Epi-pen, Benadryl.

In case of a life-threatening reaction in a nursing lab, an ambulance will be summoned immediately.

• Any faculty member or student may dial 2345 from campus phone or 609-771-2345 to get campus police to activate the emergency response services

If need an ambulance and are aware that Epinephrine will be needed. State where you are— Trenton Hall or Forcina

Call X2345 from campus phone or 609-771-2345 to activate the emergency response

- Do not handle the victim with any latex products.
- Student/faculty member will be transferred to a hospital in the community by ambulance. It is helpful for the ambulance personnel to know the victim's allergies, current medications and any medical conditions.

Faculty and staff with known sensitivities are to inform the Simulation Coordinator and Course Leader as above.

If a student or faculty member has a reaction requiring medical attention, an Anecdotal Report is to be completed and forwarded to the Simulation Coordinator.

I have reviewed the above policy and understand that questions regarding this policy are to be directed to the Simulation Coordinator.

___ I am allergic to the following: _____



Latex Exposure Anecdotal Report

| Student/Faculty Name: | Date: |
|---|--------------|
| Known Latex Allergy Yes No | |
| If yes, attach copy of written treatment plan from healthca | re provider. |
| Brief description of the incident and activity being performe | d |

Action taken: Follow-up: If there was no prior knowledge of a latex allergy, the student/faculty must submit a written treatment plan from their healthcare provider before returning to the lab or clinical setting. Signature of faculty/staff person(s) in attendance at time of incident.



Simulation Center Authorization Release For photography and video And Confidentiality Agreement

I, the participant, ______, understand that The College of New Jersey Simulation Center may photograph and /or record (via still photos, video and/or audio) the simulation experience.

I understand with my signature below, I will forfeit all rights of this material, and will not receive any payment of special services now or in the future.

I understand that any photo or audio/video recordings may be used during the debriefing of a scenario and/or following the program for internal review and quality improvement by the faculty and staff of The College of New Jersey Simulation Center. I further understand that no recording will be used for promotional or marketing purposes without additional permission. I agree to maintain and **hold confidential** all information regarding the performance of all individuals and the details of the programs and scenarios, which are the intellectual property of The College of New Jersey.

| Name (please print) | | | |
|---------------------|-------|------|--|
| Signature | | | |
| Address | | | |
| | | | |
| City | State | - | |
| ZIP | | | |
| Witness Signature | | Date | |

The College of New Jersey School of Nursing, Health and Exercise Science PO Box 7718 Ewing, New Jersey 08628-0718 609.771.3459 phone

| - | | Injury/III | ness Report | | | |
|--|--------------|---------------------------------------|-------------------------------|---------------|----------------|--|
| | | Injure/III Cor | tact Information | i y ", nit " | Jack, u D | |
| First Name: | | | | Last Name: | MI: | |
| Date of Birth: | PAWS II | D: | | Phone: | Sex: | |
| Home Address: | | | | | | |
| City: State: | | Zip Code: | | | | |
| School Address: | | | | | | |
| City: | | State: | | Zip Code: | | |
| | SoNH | ES Representat | ive/Position Info | rmation | 1.242 | |
| Department: | | | Supervisor Nam | le: | | |
| Supervisor Phone: | | | SoNHES Rep Emergency Contact: | | | |
| Emergency Contact Pl | hone: | Date of accident/exposure: | | Date of | | |
| Day of week: | | Time of accident/exposure: Job Title: | | | | |
| | | Description of | Accident/Exposu | re | | |
| Location of Accident: Describe how the acci | ident occurr | ed in detail: | | | | |
| Describe the injury or | illness and | part(s) of body | affected: | | and the second | |
| Related previous inju | ry(ies): | | | | | |
| Treatment declined () | Yes/No): | Name of | treating Healthca | are provider: | | |
| | /required: | | | | | |
| Treatment requested | / cquileu | | | | | |
| Treatment requested, Description of treatm | ent: | | | | | |

School of Nursing, Health, and Exercise Science Injury/Illness Report

| | Witness Informat | ion | |
|---|---------------------------------|---|--|
| Witness (Check if applicable): | No witness (check if applic | able. If no, skip to next section): | |
| Last name of witness: | First name of witness: | | |
| Phone of witness: | Email of witness: | Email of witness: | |
| Witness Report of Incident. Did | this incident happen under r | normal working conditions? If no, then describe | |
| Did this action happen because of the action of others who are not co-employees or because of defective equipment? If yes, then describe: | | | |
| | SoNHES Representative | Signature | |
| Signature: | | Date: | |
| Th | s portion is to be filled out b | y the supervisor | |
| Did you witness the incident? If | yes, then describe: | | |
| Supervisor name (print): | | Phone: | |
| Supervisor Signature: | | Date: | |



Simulation Request Form

INSTRUCTIONS

Fill in the form as completely as possible. When complete, please save a copy for your records and email your request to <u>sim@tcnj.edu</u>. You will receive a confirmation email back stating the day/time your items can be picked up.

The request for supplies must be submitted no later than three weeks prior to the date needed to ensure all equipment and supplies are available for the times requested. The simulation program director reserves the right to approve or decline requests based upon availability and cost.

REQUESTOR INFORMATION

Course title and number:

Name:

Email:

Phone:

| EQUIPMENT REQUESTED | | |
|--|-----------------|--|
| Please list all NON-expendable items requested. Example: blood pressure cuff | | |
| ITEM | QUANTITY NEEDED | |
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| SIG | INING OUT | |
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| Borrowers Signature | Date | |
| Lab Staff Signature | Date | |
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| <u>SI</u> | GNING IN | |
| Borrowers Signature | Date | |
| Lab Staff Signature | Date | |
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| | NOTES | |
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Supply/Equipment Request Form

| ITEM | QUANTITY NEEDED |
|---|-----------------|
| IV SUPPLIES | |
| Blood infusion sets | |
| Buretrol 60 drops 150 mL | |
| STAT Lock | |
| IV solution NSS 500 mL | |
| IV solution MISC | |
| IV solution NSS 50 mL | |
| IV solution sterile H2O 250 mL | |
| IV solution sterile H2O 500 mL | |
| Clearlink 2ndary 2C7461 Baxter 10 drops 37 inchIV tubing | |
| Clearlink system 2N8399 Leur Activate Valve | |
| Clearlink Primary 2C8519S Baxter 10 drops 112 inchIV tubing | |
| IV Tubing Microdrop 60 drops Baxter 2C6424S | |
| BAXTER 1C8160S Baxter IV TUBING | |
| Baxter non DEHP IV Ext set 7 inch 2 N1194 | |
| Braun Ext set 471975 7 inch | |
| Extension set 37 inch ACT 6227 | |
| Saline flushes 5 mL | |
| 60 mL Leur Lok syringes | |
| 20 mL Leur Lok syringes | |
| 30 mL Leur Lok syringes | |
| 6 mL medallion syringe | |
| 1 mL medallion syringe | |
| Magellan 1 MI 25 G 5/8 | |
| 18 G 1 inch needle | |
| 25 G 2 inch needle RETROBULBAR | |
| filter straws | |
| filter needles | |
| Magellan 1 mL TB 28 X1/2 inch | |
| BD 1 mL 25 G x5/8 | |
| 3 mL 21 G X1.5 inch syringe and needle | |

| 3 mL 25 G X5/8 inch syringe and needle | |
|---|--|
| Vanish point 3 mL 21 G 1 inch | |
| 21 G 1.5 needle | |
| 21 G 1 inch needle | |
| 3 mL syringe BD | |
| 25 G 5/8 needle | |
| 1 mL syringe | |
| 1 MI 27 G 1/2 inch syringe and needle | |
| 1 MI 29 G 1/2 inch insulin syringe and needle | |
| 3 mL syringe | |
| 6 mL 20 G 1.5 inch syringes and needle | |
| | |
| GLOVES | |
| Sterile gloves size 6 | |
| Sterile gloves size 6.5 | |
| Sterile gloves size 7 | |
| Sterile gloves size 7.5 | |
| Sterile gloves size 8 | |
| Sterile gloves size 8.5 | |
| Sterile gloves size 9 | |
| | |
| | |
| RESPIRATORY | |
| RESPIRATORY Trach spongesbox of 50 | |
| RESPIRATORY Trach spongesbox of 50 Trach clean and care tray 14 Fr suction cath | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care Tray | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction Trays | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened | |
| RESPIRATORYTrach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened | |
| RESPIRATORY Trach spongesbox of 50 Trach clean and care tray 14 Fr suction cath Trach Care Tray Suction Trays Nasal Cannulas 1000 mL NSS Irrigation OLD not opened 250 mL NSS Irrigation OLD opened 1000 mL sterile H2O Irrigation OLD not opened | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD 6 not opened | |
| RESPIRATORYTrach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2OIrrigation OLD 6 not openedH2O2 120 mL OLD | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD 6 not openedH2O2 120 mL OLD100 mL sterile H2O Irrigation not opened | |
| RESPIRATORYTrach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD 6 not openedH2O2 120 mL OLD100 mL sterile H2O Irrigation not opened100 mL sterile NSS Irrigation not opened100 mL sterile NSS Irrigation not opened | |
| RESPIRATORYTrach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD 6 not openedH2O2 120 mL OLD100 mL sterile H2O Irrigation not opened100 mL sterile NSS Irrigation NC opened100 mL sterile NSS Irrigation NC opened | |
| RESPIRATORYTrach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD 6 not openedH2O2 120 mL OLD100 mL sterile H2O Irrigation not opened100 mL sterile NSS Irrigation NS opened100 mL sterile NS NS | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD 6 not openedH2O2 120 mL OLD100 mL sterile H2O Irrigation not opened100 mL sterile NSS Irrigation not openedsuction kits with 14 Fr Cathsuction kits with 10 Fr Cathsuction kits with 8 Fr Cath | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD 6 not openedH2O2 120 mL OLD100 mL sterile H2O Irrigation not opened100 mL sterile H2O Irrigation not openedsuction kits with 14 Fr Cathsuction kits with 10 Fr Cathsuction kits with 8 Fr Cathselection of suction catheters with chimney valves | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD 6 not openedH2O2 120 mL OLD100 mL sterile H2O Irrigation not opened100 mL sterile H2O Irrigation not opened100 mL sterile H2O Irrigation not openedsuction kits with 14 Fr Cathsuction kits with 10 Fr Cathsuction kits with 8 Fr Cathselection of suction catheters with chimney valvesselection of endo-trach tubes | |
| RESPIRATORY Trach spongesbox of 50Trach clean and care tray 14 Fr suction cathTrach Care TraySuction TraysNasal Cannulas1000 mL NSS Irrigation OLD not opened250 mL NSS Irrigation OLD opened1000 mL sterile H2O Irrigation OLD not opened250 mL sterile H2O Irrigation OLD of opened1000 mL sterile H2O Irrigation OLD of opened100 mL sterile H2O Irrigation not opened100 mL sterile H2O Irrigation not opened100 mL sterile NSS Irrigation not opened100 mL sterile NSS Irrigation not openedsuction kits with 14 Fr Cathsuction kits with 10 Fr Cathsuction kits with 8 Fr Cathselection of suction catheters with chimney valvesselection of endo-trach tubesselection of Ambu bags | |

| Non-rebreather mask | |
|--|--|
| Adult mask | |
| Venturi mask | |
| Tent mask | |
| bilevel Ci Pap mask | |
| Chester Chest Model | |
| Selection of airways | |
| Nebulizer tubing | |
| Co2 Nelcor detectors | |
| Incentive spirometers | |
| Central Line Dressing Trays | |
| ECG Calipers | |
| Demo B Patch | |
| ECG monitoring electrodesDRY??? | |
| Selection of CVP lines and insertion trays | |
| Respiratory peak flow items | |
| Inhalerssamples | |
| nebulizer connectors | |
| Stethoscope boxes | |
| blood pressure cuff adult aneroid with case | |
| blood pressure cuff child aneroid with case | |
| blood pressure cuff thigh with case | |
| blood pressure cuff automated | |
| blood pressure cuff automated large cuff | |
| blood pressure cuffs on rolling carts | |
| blood pressure cuffs pediatric kit | |
| BP arm use with vita sim/simpad unit | |
| Breath and heart sound trainer | |
| CPR mouth barriers | |
| durasensor adult and child oxygen transducer | |
| | |
| FEEDING/G.I. | |
| Dynarex 12 French Foley insertion kit | |
| Medline 14 French Foley insertion kit | |
| Straight catheter insertion kits 14 FR | |
| Salem sump 14 FR stomach tubes | |
| Salem sump 12 Fr stomach tubes OLD | |
| 12 FR Bard nasogastric tubes Salem | |
| Irrigation trayspiston and bulb | |
| Kangaroo set up | |
| Selection of ostomy supplies and modelsOLD | |
| · · · · | |

| Selection of enema supplies and model | |
|--|--|
| NG insertion model and supplies | |
| selection of open foley, straight cath kits and irrigation trays for | |
| practice | |
| | |
| VARIOUS | |
| EBOLA ISOLATION GEAR | |
| Goggles | |
| ear plugs | |
| Parts of Sequential stockingsno machine | |
| Selection of surgical booties, head portectors | |
| surgical masksbox of 50 | |
| cuture swabs | |
| red name bandspatient ID | |
| white name bandspt ID | |
| 2X2 sponges sterile | |
| 4X4 sponges sterile | |
| Drain sponges | |
| 3 X3 sponges sterile | |
| Used 4 X4 trays pkg of 10 | |
| 3 X 8 Telfa dressings | |
| 2X7 Telfa dressing | |
| Montgomery straps | |
| 1 inch micropore tape | |
| 3 inch paper surgical tape | |
| 1 inch Dura pore tape | |
| 2 inch Transperal tape | |
| 1 inch silk tape | |
| 1 inch surgical tape | |
| 1/2 inch paper surgical tape | |
| 1/2 inch cloth tape | |
| 8 X 7.5 combine pad ABD | |
| 5X 9 combine pad ABD | |
| Suture removal kits | |
| suture removal kits used | |
| Packing stripsbottles | |
| Sterile bowls | |
| Lemon Glycerin swabs | |
| Dentures | |
| Chloraprep sticks small | |
| Assortment of bath cloths and pericare | |
| Bioclusive 4X5 | |

| Bioclusive 2X3 | |
|--|--|
| Assorment of transparent dressings and binders | |
| Elastic bandages of various sizes | |
| shroud | |
| eye pads | |
| Hip retractor pillow | |
| Cotton tip applicators | |
| Large bag of cotton balls | |
| rolls of Kling | |
| Nonsterile pkgs of 4X4's 100 | |
| Assortment of culture tubes | |
| Bandaid boxes | |
| Alcohol pad boxes | |
| Medicine cupstrays of 100 | |
| Cholesterol monitors | |
| Cholesterol strips | |
| glucometersOne touch | |
| Insulin pens and glucagondemo only | |
| EPI pens and trainersassortment | |
| Various batteries | |
| Cardboard eye blocker | |
| Colorblind test book | |
| cotton balls | |
| cotton tipped applicators | |
| digital clinical thermometerhand held | |
| digital thermometer probe covers | |
| ear thermometer | |
| ear thermometer prober covers | |
| Rectal thermometer | |
| exam drapes paper | |
| exam gownspaper | |
| exam table paper 18 inch rolls | |
| Snellen eye chart | |
| eye model | |
| eye shield for assessment | |
| Nasal speculum | |
| Ophthalmoscope 72200 batteries | |
| Ophthalmoscopic foam mannequin with slides | |
| Oral thermometers | |
| otoscope insufflator bulbs | |
| Otoscope light bulbsvarious sizes | |

| otoscope tips ear speculum pediatric 2.5 mm | |
|---|--|
| otoscope tips ear speculum 4.25 mm | |
| 6 inch ruler | |
| box of misc stethoscope and BP parts | |
| sugar/salt extracts plus fragrant spicesbox | |
| tape measures | |
| thermometer dig probe cover-boxes 500/box | |
| tongue depressors | |
| waterless hand cleaner | |
| | |
| MEDICATIONS | |
| Sample drugsinsulin heparin solumedrol vaccines | |
| 10 mL injectable NSS | |
| 10 mL sterile H2O injectable | |
| Demo dose powder green | |
| Demo dose powder brown | |
| 2 mL Ampule | |
| 1 mL ampule | |
| Opioid medication boxesassorted | |
| | |
| EQUIPMENT | |
| Doppler | |
| Full breast models | |
| single breast models | |
| Testicular models | |
| Cancer breast models | |
| giant tooth model | |
| diabetic Pump and equipmentdemonstration only | |
| Injection pads | |
| Suture pads | |
| Fat-o-meter | |
| Glow germ liquidpartially used | |
| glow germ powder | |
| Ultraviolet light for glow germ | |
| Community bags | |
| Denver kits | |
| Traction devices | |
| Bedside commode | |
| ears for mannequin6 different TM | |
| Metronome | |
| Microsope Leica | |

| Microscope Electronic Bausch and Lomb | |
|--|--|
| Microscope slide | |
| Microscope slides and covers | |
| Model for pitting edema | |
| Otoscope/opthalmoscopenewer | |
| Otoscope/opthalmoscopeolder | |
| Pulse oximeterNellcor | |
| Pulse oximeterfinger | |
| Reflex hammer | |
| tuning fork 1024 mhz | |
| tuning fork 128 mhz | |
| tuning fork 2048 mhz | |
| tuning fork 4096 mhz | |
| tuning fork 512 mhz | |
| tuning fork 64 mhz | |
| tuning fork misc | |
| | |
| WOMENS HEALTH | |
| knot tying manuals and kits | |
| #11 disposable scapels | |
| #10 dispoable scapels | |
| Adson Tissue forcepssterile wrap | |
| OR Scissorssterile wrap | |
| Phelbotomy itemsmany | |
| Minor Laceration tray Busse#751 unopened | |
| Minor Laceration tray Busse#751 opened | |
| Suture Removal trays | |
| Skin Staple Removers | |
| Precise Disposable skin staplers | |
| Verucca Freezepartial Can | |
| Verucca Freeze cones and budsmany | |
| Histofreezecan | |
| Steri Strips | |
| skin stitch | |
| dermabond | |
| Suture 4-0 PS 2 Ethilon pks | |
| Varieties of suture | |
| SalJet30 mL | |
| Lubricant tubes | |
| Cotton tip applicatorsbox | |
| Scopette Juniorsbox | |

| Catatta | |
|-----------------------------------|--|
| Cytette | |
| Small dispoable vaginal speculums | |
| Medium disposable speculums | |
| Safe tex one pap smear Kit | |
| Cyto Pap smear Collection Kit | |
| Thin Prep | |
| Assorted condoms | |
| Styrofoam penis | |
| contraceptive modelsvariety | |
| breast models | |
| cervix models | |
| penis model | |
| pediatric lumbar puncture trays | |
| diaphragm fitting kit | |
| | |
| PEDIATRIC | |
| diaperspackage | |
| baby mannequins | |
| baby blankets | |
| paper tape measuresboxes of 1000 | |
| cervical dilation model | |
| fetal models | |
| baby bath tubs with bath items | |
| Leopold manuevers model | |
| Fetal scope | |
| feeding itemsbottles forumla | |
| Breastfeeding kit | |
| epidural tray | |
| | |